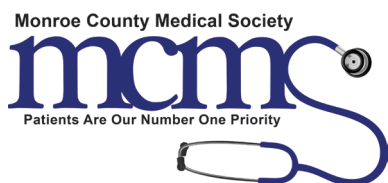




2018 Continuing Education for Medical Office Professionals

Brought to you by



Wednesday, December 5, 2018

Optimizing the Patient Experience: A Team Approach

9:00 am - 12:00 pm
Program 23477-1205

CEU's: 3 per session

PMI grants CEUs for its certified professionals based on a total number of instructional hours (1 CEU per hour of classroom instruction). CEUs may be applied to annual renewal requirements as noted on pmiMD.com.

Where:

Monroe County Medical Society
The Park at Allens Creek
132 Allens Creek Rd.
Rochester, NY 14618

Fee:

\$199 per person, per session
Includes instructional materials.

Register:

Online: mcms.org/events

Fax: (585) 473-7641

Mail: Monroe County Medical Society
132 Allens Creek Road
Rochester, NY 14618

Questions: Ronaele King
585-473-7573
rking@mcms.org

Optimizing the Patient Experience: A Team Approach

Achieve patient satisfaction and engagement for better outcomes

Patients that are both satisfied and engaged are most likely to achieve better outcomes. MACRA's financial incentives and penalties are associated with patient engagement and outcomes. This class helps lay the groundwork for your team to maximize patient satisfaction and engagement to improve outcomes and incentive payments.

Class Highlights

- Learn why team engagement is essential for MACRA and how the patient experience affects quality measures.
- Receive tips and tools to measure patient satisfaction and boost quality measures.
- Involve patients and their families with surveys and clinical engagement methods.
- Create a plan to follow-up and act on negative patient feedback.

Managers, clinicians, and office staff are encouraged to attend.

Registration Form Keep a copy for your records. List additional registrants on duplicate forms.

First Name: _____ Last Name: _____

First Name: _____ Last Name: _____

Practice Name: _____

Job Title: _____ Specialty: _____

Mailing Address: _____

City/State/Zip: _____

Phone: () _____ Fax: () _____

Alternate Phone Number for After Hours Contact: _____

E-mail address: _____

PMI-Certified ID#: _____

Check form of payment: Credit card Check (payable to Monroe County Medical Society)

Credit Card #: _____ Exp. Date: _____ Verification Code: _____

Total Amount: _____ Cardholder Name: _____

Cardholder Signature: _____

* Registration Discounts: PMI certified professionals with active an ID# receive 10% off their registration fee.